

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.  
**091 576 187**  
APPLICANT'S

FILING DATE  
**5-23-00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
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